

2008-2009 FOSTER CARE CONTRACT MONTHLY INVOICE REPORT, Attachment J.1						
Contractor Name:				Expenditure Year	2008-09	
Contractor FIN Number:						
Contractor Number:						
	BUDGET (DSS Award)	EXPENDITURES For the Month 1	YEAR-TO-DATE EXPENDITURES	BALANCE DSS Award)	Contact Person's Email Address	
Salaries			\$ -	\$0.00	DSS Cost Code	Foster Care Services
Employee Benefits			\$ -	\$0.00		
Postage			\$ -	\$0.00	FOR DSS USE ONLY	
Rent and Utilities			\$ -	\$0.00	TOTAL	
Equipment			\$ -	\$0.00	DATE	
Printing			\$ -	\$0.00	REVIEWER APPROVAL	
Consumable Supplies			\$ -	\$0.00		
Travel			\$ -	\$0.00		
Other			\$ -	\$0.00		
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -		
			Within budget		Contract Manager	
			\$0.00			
I certify that this report presents actual receipts and expenditures of funds, all made in accordance with the approved budget of the above-mentioned sub-grant.					Date	
Signature of Authorized Official				Processed By Initials		
Printed Name of Signatory						
Please PRINT your email address:						

**ENTER DATA IN YELLOW SHADED CELLS ONLY**

2007-2008 Personnel Expense Form, Attachment J.2

[illegible]